

# Volunteering at the Warminster Library

Thank you for your interest in volunteering at the Warminster Township Library!

If you would like to volunteer to shelf read at the library, you will be assigned a section to maintain after a Dewey Decimal test is successfully completed and days/hours are agreed upon.

\*Please note that background checks are necessary to volunteer at the library and will be paid for by the Township.

**Please print clearly and complete each section.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-Mail \_\_\_\_\_

Birth Date \_\_\_\_\_

Current Status (please circle):

Currently employed

Currently not working

Retired

Student

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**Person to contact in event of any emergency:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

E-Mail \_\_\_\_\_

**References – Please list three references with phone numbers and e-mail. Use “Relationship” to indicate how you know each reference (employment, school, previous volunteer references preferred).**

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Relationship \_\_\_\_\_

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**List past work and volunteer experiences:**

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**What days/hours would you like to volunteer?**

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**Why do you want to volunteer in our library?**

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**Do you intend to volunteer long term or short term? Please explain.**

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**Date** \_\_\_/\_\_\_/\_\_\_

**Applicant Signature** \_\_\_\_\_